

PART B - FEE(S) TRANSMITTAL

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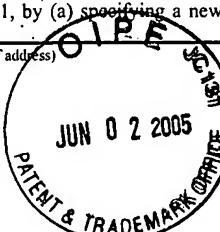
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7590 03/21/2005

Jensen & Puntigam, P.S.
Suite 1020
2033 Sixth Avenue
Seattle, WA 98121

06/03/2005 MBERHE1 00000056 10729134

01 FC:2501 700.00 OP
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Marcia Wallenfels (Depositor's name)

Marcia Wallenfels (Signature)

May 31, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/729,134	12/05/2003	Robert D. Waye		8983

TITLE OF INVENTION: QUICK RELEASE ASSEMBLY FOR SECURING A TOOL BOX TO A PICKUP BED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLETTA, LORI L	3612	296-037600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Jensen & Puntigam PS
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2	
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Truckwerx LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silverdale, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

May 31, 2005

Typed or printed name

Robert A. Jensen

Registration No. 24,268

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